



National Aeronautics and
Space Administration
Glenn Research Center

GUEST SPEAKER REQUEST

TO (Name and address or NASA Installation)

PHONE (216) 433-2003 FAX (216) 433-3601

FROM (Name and address of sponsoring organization)

I. EVENT	NAME OR TITLE OF YOUR EVENT	DATE OF EVENT	INDICATE TIME (AM/PM)	
			TO BEGIN	WILL END
	LOCATION (Name & address of hall, auditorium, etc., room, tel. no., if any)		SOCIAL HOUR	
			INCLUDED <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME (If Yes)
TYPE (Check one or more)				
<input type="checkbox"/> NATIONAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> DINNER <input type="checkbox"/> LUNCHEON				
<input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SPECIAL (Explain in Remarks)				

II. SPEECH	TOPIC DESIRED SELECTED FROM ATTACHED LIST	QUESTION/ANSWER PERIOD TO BE INCLUDED?	TOTAL TIME ALLOWED FOR THIS SPEAKER
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

III. EQUIPMENT REQUESTOR CAN PROVIDE OR ARRANGE FOR	<input checked="" type="checkbox"/>	DESCRIPTION	<input checked="" type="checkbox"/>	DESCRIPTION
		PUBLIC ADDRESS SYSTEM		LCD PROJECTOR
		LAVALIERE OR LAPEL MICROPHONE		SLIDE PROJECTOR (2 X 2 inches)
		LECTERN		SCREEN (Enter type and/or size)
		LAPTOP COMPUTER		VCR (3/4", 1/2" inch Beta, or VHS)
		VU-GRAPH/OVERHEAD PROJECTOR		LIGHT POINTER
		LASER POINTER		ROOM CAN BE DARKENED

IV. SCHEDULED SPEAKERS: On reverse side, list all speakers (including NASA) scheduled at this session in order of appearance, giving names and topics, if known.

V. AUDIENCE	ANTICIPATED SIZE	COMPOSITION (Teachers, businessmen, general public, family, etc.)
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VI. EXCLUSIONS	Is, or will, any person, for reason or race, color, sex, religion or national origin, be excluded from or segregated within membership in sponsoring organization, attendance at event or any of the facilities housing this event? <input type="checkbox"/> YES (If "YES", explain on reverse) <input type="checkbox"/> NO
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VII. PUBLICITY	EVENT OPEN TO THE PRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	SPEECH TO BE BROADCAST <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTO AND BIOGRAPHICAL SKETCH NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPEECH TO BE TAPED, FILMED, OR OTHERWISE RECORDED (If YES, briefly explain in this block) <input type="checkbox"/> YES <input type="checkbox"/> NO		

VII. REMARKS (Furnish any other significant information which may be helpful in the selection of an appropriate speaker, such as: Whether NASA speaker will deliver keynote address, participate in panel discussion, etc.; if there is a special purpose or objective or any unique feature involved. Continue comments on reverse side, if necessary).

IX. CONTACT REPRESENTATIVE		
FULL NAME (Print or type)	ADDRESS (For sending reply)	TELEPHONE NO. HOME: () OFFICE: () FAX: ()
SIGNATURE	ORGANIZATION TITLE OR AFFILIATION	TODAY'S DATE